South Bend Police MSOS Clandestine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	09-06-13	Address:	1014 N. Johnson
Incident#;	13-0792NB		South Rend, IN
County:	St. Joe		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
□ Operational Lab □ Chemical/Glassware/Equipment (only) □ Dumpsite (only)		Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☐ Other:
(check all that	Location (bedroom, kitchen, open air, e apply) Birch Reaction(s): <u>In bed</u> of truck in		
Red Phosp	horous/Iodine Reaction(s);		
Mydrochlo	ric Acid Gas Generator(s): <u>In bed of</u>	truck in Jeopard print	bag
Tlammable	e Solvents:		
Water Reactive Metal (Lithium):			
Anhydrous	s Ammonia:		
Corrosive	Acid:		
Corrosive	Base:		
Other (iten	n and location):		
Vehicle Infor	mation:		
Owner: VIN: Year:		Make; Model;	
Child under a	ige 18 discovered (check appropriate)		
☐ Yes ⊠ No	(number present) of present but evidence they reside	unclean	ons of home: elean disarray th of time manufactuting had been ormation:
This report ha	as been faxed* or emailed to the foll	owing agencies that	serve the <u>location</u> :
Health Departs	nt City, Township or County <u>South B</u> nent County: <u>St. Joe Co.</u> Child Services Hotline: <u>deshotlinere</u> p	Γax;	574-235-9305 574-235-9497 : 317-234-7595 or 317-234 - 7596
	mation regarding this methamphetam ficer: <u>Sgt. Michael S. Suth</u> Phone	ine laboratory, contac 574-235-9406	:ŧ
This form is to be	faxed to the King Depositment. Houlth Deposits	gant and/or Department	Child Sandara listed within 24 hours

scene processing.